## Case 18-19382 Doc 1 Filed 07/11/18 Entered 07/11/18 10:21:17 Desc Main Document Page 1 of 45

Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS	=	
Case number (if known)	Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this an amended filing

### Official Form 101

### Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	rt 1:	Identify Yourself		
			About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	You	ır full name		
	Writ	e the name that is on	Isabel	
	pictu	your government-issued picture identification (for example, your driver's	First name	First name
	license or passport).	nse or passport).	Middle name	Middle name
	Bring your picture		Montoya	
		ntification to your eting with the trustee.	Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.	use Inclu	other names you have d in the last 8 years ude your married or den names.	FKA Isabel Perez	
3.	you nun Indi	y the last 4 digits of r Social Security nber or federal vidual Taxpayer ntification number	xxx-xx-8105	

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Debtor 1 Isabel Montoya

Case number (if known) About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): Any business names and **Employer Identification** Numbers (EIN) you have I have not used any business name or EINs. ☐ I have not used any business name or EINs. used in the last 8 years Include trade names and Business name(s) Business name(s) doing business as names EINs EINs If Debtor 2 lives at a different address: 1120 Elizabeth St. West Chicago, IL 60185 Number, Street, City, State & ZIP Code Number, Street, City, State & ZIP Code **DuPage** County County If your mailing address is different from the one If Debtor 2's mailing address is different from yours, fill it above, fill it in here. Note that the court will send any in here. Note that the court will send any notices to this notices to you at this mailing address. mailing address. Number, P.O. Box, Street, City, State & ZIP Code Number, P.O. Box, Street, City, State & ZIP Code

#### Why you are choosing this district to file for bankruptcy

Where you live

#### Check one:

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason. Explain. (See 28 U.S.C. § 1408.)

#### Check one:

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason. Explain. (See 28 U.S.C. § 1408.)

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Case number (if known) Debtor 1 Isabel Montoya

ar	Tell the Court About	Your E	3ankruptcy Ca	ise				
7. The chapter of the Bankruptcy Code you are choosing to file under  Check one. (For a brief description of each, see Notice Required by 11 U.S.C. §  (Form 2010)). Also, go to the top of page 1 and check the appropriate box.		ruptcy						
	choosing to file under	Chapter 7						
			Chapter 11					
			Chapter 12					
			Chapter 13					
3.	How you will pay the fee		about how yo	ou may pay. Typ attorney is subr	ically, if you are paying the fee you	with the clerk's office in your local court for mourself, you may pay with cash, cashier's check, off, your attorney may pay with a credit card or ch	or money	
					allments. If you choose this options (Official Form 103A).	n, sign and attach the Application for Individuals	to Pay	
			I request that but is not req	nt my fee be wa uired to, waive y	ived (You may request this option your fee, and may do so only if you	only if you are filing for Chapter 7. By law, a jud ir income is less than 150% of the official pover	ty line that	
						installments). If you choose this option, you mu al Form 103B) and file it with your petition.	St fill out	
).	Have you filed for bankruptcy within the	■ N						
	last 8 years?	□ Y						
			District		When	Case number		
			District		When	Case number		
			District		When	Case number		
10.	Are any bankruptcy cases pending or being	■ N	0					
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	□ Y	es.					
			Debtor			Relationship to you		
			District		When	Case number, if known		
			Debtor			Relationship to you		
			District		When	Case number, if known		
11.	Do you rent your residence?	■ N	o. Go to I	ine 12.				
	. Joingillo .	ПΥ	es. Has yo	our landlord obta	ined an eviction judgment against	you?		
				No. Go to line	12.			
				Yes. Fill out Initial this bankruptcy		udgment Against You (Form 101A) and file it as	part of	

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Deb	tor 1	Isabel Montoya			Case number (if known)	
Par	3:	Report About Any Bu	sinesses	You Own	as a Sole Proprietor	
12.	of an	rou a sole proprietor y full- or part-time ness?	■ No.	Go to	Part 4.	
			☐ Yes.	Name	and location of business	
		e proprietorship is a				
	an in sepa as a	ess you operate as dividual, and is not a rate legal entity such corporation, ership, or LLC.			of business, if any	
	sole	have more than one proprietorship, use a rate sheet and attach		Numb	er, Street, City, State & ZIP Code	
		nis petition.		Check	k the appropriate box to describe your business:	
					Health Care Business (as defined in 11 U.S.C. § 101(27A))	
					Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))	
					Stockbroker (as defined in 11 U.S.C. § 101(53A))	
					Commodity Broker (as defined in 11 U.S.C. § 101(6))	
					None of the above	
13.	Chap Bank	ou filing under oter 11 of the ruptcy Code and are a small business or?	If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set app deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, state operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the prin 11 U.S.C. 1116(1)(B).			
	For a	definition of small	No.	I am n	not filing under Chapter 11.	
	busir	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am fi Code.	iling under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy	
			☐ Yes.	I am fi	iling under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.	
Part	· 4·	Report if You Own or	Have Any	, Hazardo	ous Property or Any Property That Needs Immediate Attention	
		ou own or have any	■ No.	Tiuzui u o	actiopolity of fully i reporty macroecoc immodulate full office.	
	prop	erty that poses or is	_			
	of im	ed to pose a threat minent and ifiable hazard to	☐ Yes.	What is t	the hazard?	
	publi	c health or safety?				
	Or do you own any property that needs immediate attention?				liate attention is why is it needed?	
	peris livest or a l	xample, do you own hable goods, or ock that must be fed, building that needs tt repairs?		Where is	s the property?	

Number, Street, City, State & Zip Code

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Debtor 1 Isabel Montoya Document Page 5 of 45 Case number (if known)

 Tell the court whether you have received a briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

Explain Your Efforts to Receive a Briefing About Credit Counseling

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

□ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Den	isabel Montoya			·	Case Hulliber (II k		
Par	6: Answer These Questi	ions for Re	eporting Purposes				
16.	What kind of debts do you have?	16a.	Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."  ☐ No. Go to line 16b.				
			Yes. Go to line 17.				
		16b.					
			☐ No. Go to line 16c.				
			☐ Yes. Go to line 17.				
		16c.	State the type of debts you	owe that are not consumer debt	ts or business de	bts	
17.	Are you filing under Chapter 7?	□ No.	individual primarily for a personal, family, or household purpose."  No. Go to line 16b.  Yes, Go to line 17.  Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.  No. Go to line 16c. Yes, Go to line 17.  State the type of debts you owe that are not consumer debts or business debts  I am not filing under Chapter 7. Go to line 18.  I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrate paid that funds will be available to distribute to unsecured creditors?  No. Yes  1 -49 1,000-5,000 100-199 100-199 100-199 100-199 100-199 100-199 100-199 100-199 100-199 100-199 100-199 100-199 100-190-190 100				
	Do you estimate that after any exempt property is excluded and	■ Yes.				is excluded and administrative expenses	
	administrative expenses are paid that funds will		■ No				
	be available for distribution to unsecured creditors?		☐ Yes				
18.	How many Creditors do	<b>1</b> -49		<b>1</b> ,000-5,000		<b>2</b> 5,001-50,000	
	you estimate that you owe?	□ 50-99					
				□ 10,001-25,000		☐ More than100,000	
19.	How much do you estimate your assets to be worth?	□ \$50,00 □ \$100,0	01 - \$100,000 001 - \$500,000	□ \$10,000,001 - \$50 r □ \$50,000,001 - \$100	million million	☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion	
		<b>—</b> \$500,0	901 - \$1 Hillion				
20.	How much do you estimate your liabilities to be?	□ \$50,0 □ \$100,0	01 - \$100,000 001 - \$500,000	□ \$10,000,001 - \$50 r □ \$50,000,001 - \$100	million million	☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion	
Part	7: Sign Below						
For	you	I have ex	amined this petition, and I d	eclare under penalty of perjury th	hat the informatio	n provided is true and correct.	
If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out to document, I have obtained and read the notice required by 11 U.S.C. § 342(b).					attorney to help me fill out this		
	I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.						
I understand making a false statement, concealing property, or obtaining money or property by fraud in connection bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, and 3571.							
		Isabel M	lontoya	Signate	ure of Debtor 2		
		Executed	<u> </u>	Execut			
			MM / DD / YYYY	-	MM / DE	)/YYYY	

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Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Joseph R. Ramos	Date	July 11, 2018
Signature of Attorney for Debtor		MM / DD / YYYY
Joseph R. Ramos 6208195 - Illinois		
Law Office Of Joseph R. Ramos Firm name		
340 N. Lake Street Aurora, IL 60506		
Number, Street, City, State & ZIP Code		
Contact phone (630) 896-7261	Email address	joseph@jramoslaw.com
6208195 - Illinois IL		<u> </u>
Bar number & State		

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ill in this infor	mation to identify your	case:		
Debtor 1	Isabel Montoya			
	First Name	Middle Name	Last Name	
Debtor 2				
Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number				

Check if this is an amended filing

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

		Your as Value o	ssets f what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	42,610.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	42,610.00
Par	t 2: Summarize Your Liabilities		
			abilities you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	20,352.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	15,632.00
	Your total liabilities	\$	35,984.00
Par	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	1,988.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	2,688.00
Par	4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ır other sch	edules.
7.	■ Yes What kind of debt do you have?		
	Vour dabts are primarily consumer dabts. Consumer dabts are those "incurred by an individual primarily for		

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14.	\$ 5,020.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total	claim
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	0.00

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Fill in	this informa	tion to identify your	case and this filing:			
Debto	or 1	Isabel Montoya				
		First Name	Middle Name	Last Name		
Debto	=					
(Spous	e, if filing)	First Name	Middle Name	Last Name		
Unite	d States Bank	ruptcy Court for the:	NORTHERN DISTRICT OF IL	LINOIS		
						_
Case	number					☐ Check if this is an amended filing
						amended ming
Offi	cial Forr	n 106A/B				
Scl	ماييلمم	A/B: Prop	ortv			40/45
						12/15
think it	fits best. Be a	is complete and accura pace is needed, attach	e items. List an asset only once. te as possible. If two married peo a separate sheet to this form. On	ple are filing together, both a	re equally responsible for s	supplying correct
Part 1	Describe Ea	ch Residence, Building	g, Land, or Other Real Estate You	Own or Have an Interest In		
1 Do:	IOU OWN OF how	ye any legal or oguitable	e interest in any residence, buildir	na land or similar properties		
1. DO	you own or nav	e any legal of equitable	e interest in any residence, buildin	ig, iand, or similar property?		
	No. Go to Part 2.	•				
	es. Where is th	ne property?				
Part 2	Describe Yo	ur Vehicles				
3. <b>Ca</b> i	No	ks, tractors, sport u	ility vehicles, motorcycles			
0.4	Materia Nic	ssan	Who has an interest in	the manager of the Columb	Do not deduct secured	claims or exemptions. Put
3.1	Water.		Who has an interest in	tne property? Check one	the amount of any secu	red claims on Schedule D:
		ogue	Debtor 1 only		Creditors who have Ci	aims Secured by Property.
	Year: 20 Approximate n	_	Debtor 2 only  Debtor 1 and Debtor	O anh	Current value of the entire property?	Current value of the portion you own?
	Other informat		At least one of the de	. ,	ontino property :	portion you own.
	Average co		At least one of the de	biois and another		
			☐ Check if this is com	munity property	\$10,575.00	\$10,575.00
			(see instructions)			
Exa	mples: Boats,  No  /es  Id the dollar v ges you have	trailers, motors, pers  value of the portion e attached for Part 2  our Personal and House	TVs and other recreational ve onal watercraft, fishing vessels, you own for all of your entries. Write that number here	snowmobiles, motorcycle a	y entries for	\$10,575.00  Current value of the
DO yo	own or na	ve any legal or equit	able interest in any of the folio	wing items :		portion you own?
						Do not deduct secured
						claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

□ No

Official Form 106A/B Schedule A/B: Property

	Case 18-19382	Doc 1	Filed 07/11/18 Document	Entered 07/11/18 10: Page 11 of 45	21:17	Desc Main
Debtor 1	Isabel Montoya		Document	Case numbe	r (if known)	
Yes.	Describe					
		edroom set two TV's	t, 1 living room set, F	Refrigerator, Stove, Washer,		\$1,000.00
						<u> </u>
■ No				pment; computers, printers, scanne	rs; music c	ollections; electronic devices
Example No	bles of value es: Antiques and figurines; other collections, memo			oks, pictures, or other art objects; s	tamp, coin,	or baseball card collections;
Example No	musical instruments		l other hobby equipment;	bicycles, pool tables, golf clubs, ski	is; canoes a	and kayaks; carpentry tools;
☐ Yes.	Describe					
■ No	ns  bles: Pistols, rifles, shotguns  Describe	s, ammunitio	on, and related equipmer	nt		
□ No	oles: Everyday clothes, furs	, leather coa	ats, designer wear, shoes	s, accessories		
■ Yes.	Describe					
	Misc. w	vearing app	parel			\$300.00
■ No ☐ Yes.			v, engagement rings, wed	dding rings, heirloom jewelry, watch	es, gems, g	gold, silver
■ No	Describe					
■ No	her personal and househo		ou did not already list,	including any health aids you did	not list	
	he dollar value of all of your street and the delta the delta street he delta the delta street he delta street			nny entries for pages you have att	tached	\$1,300.00
	scribe Your Financial Assets					
Do you ow	vn or have any legal or eq	uitable inter	erest in any of the follow	ving?		Current value of the portion you own? Do not deduct secured claims or exemptions.
16. <b>Cash</b> Examp	oles: Money you have in you	ur wallet, in y	your home, in a safe dep	osit box, and on hand when you file	your petition	on

No

Schedule A/B: Property Official Form 106A/B page 2

		Case 18-19382	2 Doc 1	Filed 07/11/18		Desc Main
Deb	tor 1	Isabel Montoya		Document	Page 12 of 45 Case number (if known)	
_	1 voc					
				al accounts; certificates of counts with the same ins	of deposit; shares in credit unions, brokerage titution, list each.	houses, and other similar
_	] No			lantitution r		
	Yes			Institution r	iame.	
		17.1.	Checking	Fifth Thir	d Bank	\$35.00
		17.2.	Checking	Republic	Bank	\$700.00
				_		
		mutual funds, or public les: Bond funds, investm			ney market accounts	
	No ,	,		<b>0</b>		
	] Yes		Institution or is	ssuer name:		
_	joint ve		interests in ir	corporated and uninc	orporated businesses, including an interes	st in an LLC, partnership, and
	No 1 Voc	Civo aposifia information	about them			
_	J 165.	Give specific information Na	me of entity:		% of ownership:	
20 (	Covern	ment and cornorate ho	nds and other	negotiable and non-n	egotishle instruments	
	Negotia		personal check	s, cashiers' checks, pro	missory notes, and money orders. by signing or delivering them.	
	No					
L	J Yes. (	Give specific information	about them uer name:			
		100	doi namo.			
		nent or pension accoun les: Interests in IRA, ERI		1(k), 403(b), thrift saving	s accounts, or other pension or profit-sharing	plans
	Yes. L	ist each account separa	•			
		Туре	of account:	Institution r	name:	
		IRA		Republic	Bank	\$30,000.00
_	Your sh		ts you have ma		tinue service or use from a company ctric, gas, water), telecommunications compa	nies, or others
	Yes			Institution r	ame or individual:	
	Annuiti	es (A contract for a perio	dic payment of	money to you, either fo	life or for a number of years)	
	• No ] Yes	lssuer nam	ne and descript	ion.		
34 I.	-4	a in an advantian IDA i		in a muslified ADI F on		
2		S in an education IRA, I C. §§ 530(b)(1), 529A(b),		in a qualified ABLE pro	ogram, or under a qualified state tuition pro	ogram.
	] Yes	Institution	name and desc	cription. Separately file the	ne records of any interests.11 U.S.C. § 521(c)	:
_	Γrusts, I No	equitable or future inte	rests in prope	erty (other than anythin	g listed in line 1), and rights or powers ex	ercisable for your benefit
_	_	Give specific information	about them			
		s, copyrights, trademark les: Internet domain nam			al property and licensing agreements	
	No					

	Case 18-19382	Doc 1	Filed 07/11/18 Document	Entered 07/11/18 10:21:17 Page 13 of 45	Desc Main
Debtor 1	Isabel Montoya			Case number (if known)	
☐ Ye	s. Give specific information a	bout them			
Exa. ■ No	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	isive licenses		n holdings, liquor licenses, professional licens	es
	or property owed to you?				Current value of the
Money	or property owed to you!				portion you own?  Do not deduct secured claims or exemptions.
28. <b>Tax</b> i ■ No	refunds owed to you				
☐ Ye	s. Give specific information al	oout them, inc	cluding whether you alre	ady filed the returns and the tax years	
Exa. ■ No	'	37.1	usal support, child supp	ort, maintenance, divorce settlement, property	settlement
	benefits; unpaid loans	ty insurance		efits, sick pay, vacation pay, workers' compe	nsation, Social Security
	s. Give specific information				
		e insurance; h	nealth savings account (	HSA); credit, homeowner's, or renter's insural	nce
☐ Ye	s. Name the insurance compa Com	any of each popany name:	olicy and list its value.	Beneficiary:	Surrender or refund value:
If yo som	eone has died.			ed surance policy, or are currently entitled to rec	eive property because
Exa. ■ No	mples: Accidents, employmen			it or made a demand for payment s to sue	
■ No	)	ed claims of	every nature, includin	g counterclaims of the debtor and rights to	set off claims
	s. Describe each claim				
■ No	financial assets you did not s. Give specific information	aiready list			
36. <b>Ad</b>				ny entries for pages you have attached	\$30,735.00
Part 5:	Describe Any Business-Related	Property You	Own or Have an Interest	In. List any real estate in Part 1.	
■ No.	u own or have any legal or equi Go to Part 6. . Go to line 38.	itable interest	in any business-related p	roperty?	
	* *				

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Case number (if known)

Document Debtor 1 Isabel Montoya

Part	6: Describe Any Farm- and Commercial Fishing-Related Property You If you own or have an interest in farmland, list it in Part 1.	Own or Have an Interes	st In.	
46. I	Oo you own or have any legal or equitable interest in any farm-	or commercial fishin	g-related property?	
	■ No. Go to Part 7.			
	☐ Yes. Go to line 47.			
Part	7: Describe All Property You Own or Have an Interest in That You	u Did Not List Above		
	Do you have other property of any kind you did not already list Examples: Season tickets, country club membership No Yes. Give specific information	?		
54.	Add the dollar value of all of your entries from Part 7. Write th	at number here		\$0.00
	Part 1: Total real estate, line 2			\$0.00
	Part 2: Total vehicles, line 5	\$10,575.00		Ψ0.00
57.	Part 3: Total personal and household items, line 15	\$1,300.00		
58.	Part 4: Total financial assets, line 36	\$30,735.00		
59.	Part 5: Total business-related property, line 45	\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54 +	\$0.00		
62.	Total personal property. Add lines 56 through 61	\$42,610.00	Copy personal property to	tal <b>\$42,610.00</b>
63.	Total of all property on Schedule A/B. Add line 55 + line 62			\$42,610,00

Official Form 106A/B Schedule A/B: Property page 5 Case 18-19382 Doc 1 Filed 07/11/18 Entered 07/11/18 10:21:17 Desc Mai

		DUGUIIIE	III PAUE 15 01 45		
Fill in this infor	mation to identify your	case:			
Debtor 1	Isabel Montoya				
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case number					
(if known)				☐ Check if this is amended filing	

### Official Form 106C

### Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
One bedroom set, 1 living room set, Refrigerator, Stove, Washer, Dryer,	\$1,000.00		\$1,000.00	735 ILCS 5/12-1001(b)
two TV's Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	
Misc. wearing apparel	\$300.00		\$300.00	735 ILCS 5/12-1001(a)
Line nom Schedule A/D. 11.1			100% of fair market value, up to any applicable statutory limit	
Checking: Fifth Third Bank	\$35.00		\$35.00	735 ILCS 5/12-1001(b)
Line nom ochedale Adb. 1111			100% of fair market value, up to any applicable statutory limit	
Checking: Republic Bank	\$700.00		\$700.00	735 ILCS 5/12-1001(b)
Line IIIIII Schedule AVD. 17.2			100% of fair market value, up to any applicable statutory limit	
IRA: Republic Bank Line from Schedule A/B: 21.1	\$30,000.00		\$30,000.00	735 ILCS 5/12-1006
LINE HOITI SCHEUUIE PVD. 21.1			100% of fair market value, up to any applicable statutory limit	

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Debtor 1 Isabel Montoya

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

No

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

No

Yes

	Case	18-19382	Doc 1 Filed 07/11/1  Document	8 Entered Page 17	d 07/11/18 10:2 of 45	21:17 [	Desc M	lain
Fill	n this informatio	n to identify you						
Deb	tor 1 Is	abel Montoya						
		rst Name	Middle Name	Last Name				
	tor 2 use if, filing) Fir	rst Name	Middle Name	Last Name				
Unit	ed States Bankrup	otcy Court for the:	NORTHERN DISTRICT OF I	LLINOIS				
Cas (if kno	e number						_	if this is an ed filing
	cial Form 10 hedule D:		Who Have Claims	Secured	I by Property	У		12/15
s ne			f two married people are filing toge out, number the entries, and attach					
	any creditors have	claims secured by	your property?					
		•	nis form to the court with your other	er schedules. Yo	ou have nothing else to	report on th	is form.	
		2011 0110 000011111	no romm to the obtain min. your our					
	Voc Fill in all o	f the information	oolow					
	Yes. Fill in all o		pelow.					
Pari	1: List All Sec	cured Claims			Column A	Column B		Column C
Pari 2. Li for e	List All Sec st all secured claim ach claim. If more th	cured Claims s. If a creditor has an one creditor has	nore than one secured claim, list the caparticular claim, list the other creditional order according to the creditor's na	ors in Part 2. As	Amount of claim Do not deduct the	Column B  Value of col that support		Unsecured portion
Pari 2. Li for e muc	List All Sec st all secured claim ach claim. If more the as possible, list the	cured Claims s. If a creditor has an one creditor has	nore than one secured claim, list the c a particular claim, list the other credit	ors in Part 2. As	Amount of claim	Value of col		Unsecured
Pari 2. Li for e	List All Sec st all secured claim ach claim. If more th as possible, list the Nissan Motor Acceptance	cured Claims s. If a creditor has an one creditor has	nore than one secured claim, list the c a particular claim, list the other credit	ors in Part 2. As me.	Amount of claim Do not deduct the	Value of col that suppor claim		Unsecured portion
Pari 2. Li for e muc	List All Sec st all secured claim ach claim. If more th as possible, list the Nissan Motor	cured Claims s. If a creditor has an one creditor has	nore than one secured claim, list the c a particular claim, list the other credit cal order according to the creditor's na	ors in Part 2. As me.	Amount of claim Do not deduct the value of collateral.	Value of col that suppor claim	ts this	Unsecured portion If any
Pari 2. Li for e muc	List All Sec st all secured claim ach claim. If more th as possible, list the Nissan Motor Acceptance	s. If a creditor has an one creditor has claims in alphabeti	nore than one secured claim, list the caparticular claim, list the other creditoral order according to the creditor's nature.  Describe the property that secure.  2014 Nissan Rogue 51000	ors in Part 2. As me.  s the claim: miles	Amount of claim Do not deduct the value of collateral.	Value of col that suppor claim	ts this	Unsecured portion If any
Pari 2. Li for e muc	st all secured claim ach claim. If more the as possible, list the Nissan Motor Acceptance Creditor's Name	s. If a creditor has a lan one creditor has claims in alphabeti	nore than one secured claim, list the cal particular claim, list the other creditoral order according to the creditor's national order according to the creditor of the claim is apply.  As of the date you file, the claim is apply.  Contingent Unliquidated	ors in Part 2. As me.  s the claim: miles	Amount of claim Do not deduct the value of collateral.	Value of col that suppor claim	ts this	Unsecured portion If any
Pari 2. Li for e much 2.1	st all secured claim ach claim. If more the nas possible, list the Nissan Motor Acceptance Creditor's Name  P.O. Box 6603 Dallas, TX 752	s. If a creditor has a claims in alphabeti claims in alphabeti claims in Ziphabeti cla	nore than one secured claim, list the call particular claim, list the other creditional order according to the creditor's nature of the property that secure 2014 Nissan Rogue 51000 Average condition  As of the date you file, the claim is apply.  Contingent	ors in Part 2. As me.  s the claim: miles  5: Check all that	Amount of claim Do not deduct the value of collateral.	Value of col that suppor claim	ts this	Unsecured portion If any
2. Li for e muci	st all secured claim ach claim. If more the nas possible, list the Nissan Motor Acceptance Creditor's Name  P.O. Box 6603 Dallas, TX 752  Number, Street, City, S	s. If a creditor has a claims in alphabeti claims in alphabeti claims in Ziphabeti cla	nore than one secured claim, list the cal particular claim, list the other creditoral order according to the creditor's national order according to the creditor of the claim is apply.  As of the date you file, the claim is apply.  Contingent Unliquidated Disputed	ors in Part 2. As me.  s the claim: miles  S: Check all that	Amount of claim Do not deduct the value of collateral. \$20,352.00	Value of col that suppor claim	ts this	Unsecured portion If any
Particle Par	st all secured claim ach claim. If more the as possible, list the Nissan Motor Acceptance Creditor's Name  P.O. Box 6603 Dallas, TX 752 Number, Street, City, So owes the debt? Compared to the page 15 of the page 15 o	s. If a creditor has an one creditor has claims in alphabetical clai	nore than one secured claim, list the cal particular claim, list the other creditional order according to the creditor's national order according to the creditor of the claim is apply.  As of the date you file, the claim is apply.  Contingent Unliquidated Disputed Nature of lien. Check all that apply  An agreement you made (such a	ors in Part 2. As me.  s the claim: miles  s: Check all that	Amount of claim Do not deduct the value of collateral. \$20,352.00	Value of col that suppor claim	ts this	Unsecured portion If any
Particle 2. Li for e much 2.1	st all secured claims ach claim. If more the nas possible, list the Nissan Motor Acceptance Creditor's Name  P.O. Box 6603 Dallas, TX 752  Number, Street, City, So owes the debt? Compared to the property of the second of the s	s. If a creditor has an one creditor has claims in alphabeti claims in alphabeti claims in Code Check one.	nore than one secured claim, list the call a particular claim, list the other creditors and order according to the creditor's national order according to the creditor order according to the creditor's national order according to the creditor order according to the credi	ors in Part 2. As me.  s the claim: miles  s: Check all that	Amount of claim Do not deduct the value of collateral. \$20,352.00	Value of col that suppor claim	ts this	Unsecured portion If any
Pari 2. Li for e mucci 2.11	st all secured claims ach claim. If more that as possible, list the Nissan Motor Acceptance Creditor's Name  P.O. Box 6603 Dallas, TX 752  Number, Street, City, So owes the debt? Compared to the property of	s. If a creditor has a lan one creditor has claims in alphabeti cl	nore than one secured claim, list the call a particular claim, list the other credition of the creditor's national order according to the creditor order according to the creditor's national order according to the creditor according to the cred	ors in Part 2. As me.  s the claim: miles  s: Check all that	Amount of claim Do not deduct the value of collateral. \$20,352.00	Value of col that suppor claim	ts this	Unsecured portion If any

Add the dollar value of your entries in Column A on this page. Write that number here: \$20,352.00

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here: \$20,352.00

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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	Case 10-19302 D	Document	Page 18	R of 15	Li Desc	, iviaii i
Fill in th	is information to identify your c		1 AUC. 10	) () 43		
Debtor 1	Isabel Menteye					
Deptor 1	Isabel Montoya  First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, f	filing) First Name	Middle Name	Last Name			
United S	tates Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLI	INOIS			
Case nui	mber					
(if known)					☐ Che	eck if this is an
					amo	ended filing
Officia	I Form 106E/F					
	lule E/F: Creditors W	ho Have Unsecured (	Claims			12/15
	plete and accurate as possible. Use			Part 2 for creditors with NONP	RIORITY claims	
eft. Attach	D: Creditors Who Have Claims Secun the Continuation Page to this page case number (if known).  List All of Your PRIORITY Uns	e. If you have no information to repo				
	ny creditors have priority unsecured					
_	o. Go to Part 2.	olamio agamot you i				
— N0						
Part 2:	s. ■ List All of Your NONPRIORIT	/ Unsecured Claims				
	ny creditors have nonpriority unsec					
_			aur athar acha	dulaa		
	<ul> <li>You have nothing to report in this pa</li> </ul>	irt. Submit this form to the court with y	our otner sche	dules.		
■ Ye	es.					
unsec	all of your nonpriority unsecured cla cured claim, list the creditor separately one creditor holds a particular claim, list.	for each claim. For each claim listed,	identify what t	pe of claim it is. Do not list clair	ms already includ	ded in Part 1. If more
					1	Total claim
4.1 <b>F</b>	Fifth Third Bank	Last 4 digits of acco	unt number	xxxx		\$3,642.00
	Nonpriority Creditor's Name					
	5050 Kingsley Dr Cincinnati, OH 45263	When was the debt i	ncurred?	2017		
	Number Street City State Zlp Code	As of the date you fil	le, the claim i	s: Check all that apply		
V	Who incurred the debt? Check one.					
1	Debtor 1 only	☐ Contingent				
[	Debtor 2 only	☐ Unliquidated				
[	Debtor 1 and Debtor 2 only	☐ Disputed				
[	At least one of the debtors and ano	ther Type of NONPRIORI	TY unsecured	l claim:		
[	☐ Check if this claim is for a comm	unity				
	debt			ration agreement or divorce that	t you did not	
	s the claim subject to offset?	report as priority claim		g plans, and other similar debts		
	■ No	·	•			
L	☐Yes	Other. Specify	ine of Cre	uit		

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Case number (if know)

Debtor	1 Isabel Montoya		Case number (if know)	
4.2	Fifth Third Bank	Last 4 digits of account number	XXXX	\$5,717.00
	Nonpriority Creditor's Name	_		· · · · · · · · · · · · · · · · · · ·
	5050 Kingsley Dr	When was the debt incurred?	2017	
	Cincinnati, OH 45263  Number Street City State Zlp Code	As of the date you file the claim	is. Charle all that apply	
	Who incurred the debt? Check one.	As of the date you file, the claim	ь. Спеск ан тат арргу	
	_			
	Debtor 1 only	Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt	☐ Obligations arising out of a sepa	aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify Credit card	purchases	
4.3	Fox Valley Orthopedics	Last 4 digits of account number	6981	\$680.00
	Nonpriority Creditor's Name P.O. Box 1870	When was the debt incurred?	2017	
	Cary, NC 27512-1870			
	Number Street City State ZIp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	_	☐ Student loans		
	☐ Check if this claim is for a community debt		aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	diation agreement of divorce that you did not	
	■ No	Debts to pension or profit-sharir	ng plans, and other similar debts	
	☐ Yes	■ Other Specify Medical Se	rvices	
		Other. Specify		
4.4	Northwestern Medicine	Last 4 digits of account number	4012	\$1,700.00
	Nonpriority Creditor's Name P.O. Box 4090	When was the debt incurred?	2017	
	Carol Stream, IL 60197-4090			
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
		☐ Student loans		
	☐ Check if this claim is for a community debt	<u></u>	aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	manon agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharir	ng plans, and other similar debts	
	☐ Yes	■ Other Specify Medical Se		
	_ 100	- Other. Specify	· · · · · · · · · · · · · · · · · · ·	

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Debtor 1	Isabel Mo	ontoya		Case	number (if kno	ow)	
	ne Home [		Last 4 digits of account numbe	er XXX	x		\$3,893.00
Р.	npriority Cred O. Box 64		When was the debt incurred?	201	3		
Nu	mber Street	City State ZIp Code the debt? Check one.	As of the date you file, the clair	m is: Che	ck all that apply	,	
	Debtor 1 onl	V	☐ Contingent				
	Debtor 2 onl	V	☐ Unliquidated				
		d Debtor 2 only	☐ Disputed				
_		of the debtors and another	Type of NONPRIORITY unsecu	red claim	1:		
_	Check if thi	s claim is for a community	Student loans			and the second second second	
		bject to offset?	Obligations arising out of a se report as priority claims	paration	agreement or di	vorce that you did not	
_	No	.,	Debts to pension or profit-sha	ring plans	s, and other sim	ilar debts	
_	Yes		Other. Specify Credit cal				
	res		Other. Specify	iu puic	ilases		
Part 3:	List Others	s to Be Notified About a De	bt That You Already Listed				
is trying t have mor	o collect fro e than one c	m you for a debt you owe to s	about your bankruptcy, for a debt tha omeone else, list the original creditor at you listed in Parts 1 or 2, list the ad or submit this page.	in Parts	1 or 2, then lis	t the collection agency here	e. Similarly, if you
Name and A			On which entry in Part 1 or Part 2 did y		•		
		aedic Associates	Line 4.3 of (Check one):	☐ Part 1	I: Creditors with	Priority Unsecured Claims	
P.O. Box		ssing Center		Part 2	2: Creditors with	Nonpriority Unsecured Claim	s
	nes, IA 50	306-3445					
	,		Last 4 digits of account number	(	6981		
Name and A	Address		On which entry in Part 1 or Part 2 did y	ou list the	original credito	r?	
		& Collection			•	Priority Unsecured Claims	
		r Ste 270		■ Part 2	2: Creditors with	Nonpriority Unsecured Claim	S
Oak Broo	ok, IL 605	23-8852	Last 4 digits of account number		4012		
Part 4:	Add the A	mounts for Each Type of U	nsecured Claim				
	amounts of secured cla		ims. This information is for statistica	l reportir	ng purposes or	nly. 28 U.S.C. §159. Add the	amounts for each
						Total Claim	
	6a.	Domestic support obligation	s	6a.	\$	0.00	
Tota claim:							
from Part		Taxes and certain other debt	s you owe the government	6b.	\$	0.00	
	6c.	Claims for death or personal	injury while you were intoxicated	6c.	\$	0.00	
	6d.	Other. Add all other priority un	secured claims. Write that amount here.	6d.	\$	0.00	
	6e.	Total Priority. Add lines 6a the	ough 6d.	6e.	\$	0.00	
	6f.	Student loans		6f.	\$	Total Claim 0.00	
Tota claims	al				Ť	0.00	
from Part			separation agreement or divorce that		\$	0.00	
	6h.	you did not report as priority Debts to pension or profit-sh	claims paring plans, and other similar debts	6g. 6h.	φ	0.00	
	6i.	•	unsecured claims. Write that amount	6i.	Ψ	15,632.00	
		here.			\$	15,032.00	

Total Nonpriority. Add lines 6f through 6i.

15,632.00

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			III FAUE ZI UI 43	
Fill in this infor	mation to identify your	case:		
Debtor 1	Isabel Montoya			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				

### Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company wit Name, Numb	h whom you have the er, Street, City, State and ZIP C	contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			
	City		State	ZIP Code	
2.2					<u></u>
	Name				
	Number	Street			_
	City		State	ZIP Code	
2.3	<u> </u>		Otato		
	Name				
	Number	Street			_
	City		State	ZIP Code	<del>_</del>
2.4					
	Name				_
	Number	Street			
	City		State	ZIP Code	<del>_</del>
2.5	•				
	Name				_
	Number	Street			_
	City		State	ZIP Code	<del>_</del>
	Oity		Oldic		

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		Docume	ent Page 22 d	of 45	
Fill in this i	information to identify your	case:			
Dahtar 1	111.88				
Debtor 1	Isabel Montoya  First Name	Middle Name	Last Name		
Debtor 2	riotranio	Wildale Hame	Last Name		
(Spouse if, filing	g) First Name	Middle Name	Last Name		
United State	es Bankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case numb	or				
(if known)	<u> </u>				☐ Check if this is an
					amended filing
					3
Official	Form 106H				
		lahtara			
scnea	ule H: Your Cod	eptors			12/15
eople are f	filing together, both are equ	ally responsible for supp	lying correct informa	tion. If more space is r	ate as possible. If two married needed, copy the Additional Page, p of any Additional Pages, write
	and case number (if known			to this page. On the to	p of any Additional Lages, write
1. Do y	ou have any codebtors? (If	you are filing a joint case,	do not list either spouse	e as a codebtor.	
■ Na					
■ No					
☐ Yes					
2. With	in the last 8 years, have you	u lived in a community pr	operty state or territor	ry? (Community propert	ty states and territories include
	a, California, Idaho, Louisiana				
_					
	Go to line 3.				
☐ Yes.	Did your spouse, former spo	use, or legal equivalent live	with you at the time?		
3. In Colu	ımn 1. list all of your codeb	tors. Do not include vour	spouse as a codebtor	r if vour spouse is filin	g with you. List the person shown
in line	2 again as a codebtor only	if that person is a guaran	tor or cosigner. Make	sure you have listed t	he creditor on Schedule D (Official
		I Form 106E/F), or Sched	ule G (Official Form 10	06G). Use Schedule D,	Schedule E/F, or Schedule G to fill
out Co	lumn 2.				
C	Column 1: Your codebtor			Column 2: The cre	editor to whom you owe the debt
N	ame, Number, Street, City, State and Z	IP Code		Check all schedule	
<u> </u>				_	
3.1	1			D Schedule D, lin	ne
N	Name			☐ Schedule E/F,	
				☐ Schedule G, lir	ne
	Number Street			_	
C	City	State	ZIP Code		
				<b>-</b>	
3.2	Name			D Schedule D, lin	
N	Name			☐ Schedule E/F,	
				☐ Schedule G, lir	ne
N	Number Street			_	
C	City	State	ZIP Code		

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	in this information to identify your captor 1 Isabel Monto									
Del	otor 2	Jya			_					
	ouse, if filing) ted States Bankruptcy Court for the	· NORTHERN DISTRIC	T OF ILLINOIS							
Cas	se number	. NORTHERN DISTRIC				☐ An	if this is: amende uppleme	d filing	ng postpetition	chapter
0	fficial Form 106l						income		ollowing date:	
	chedule I: Your Inc	ome				IVIIV	1 / UU/ Y	YYY		12/15
sup spo atta	as complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form.  **Describe Employment**	are married and not filing wi	ng jointly, and your ith you, do not inclu	spouse i de inforr	s liv nati	ing with yo on about y	ou, incl our spo	ude informuse. If m	mation about ore space is	your needed,
1.	Fill in your employment information.		Debtor 1				Debtor 2	or non-fi	iling spouse	
	If you have more than one job,	Employment status	☐ Employed	☐ Employed			☐ Emplo	oyed		
	attach a separate page with information about additional employers.	Employment status	■ Not employed	■ Not employed			☐ Not e	mployed		
	Include part-time, seasonal, or	Occupation Employer's name								
	self-employed work.  Occupation may include student or homemaker, if it applies.	Employer's address								
		How long employed to	here?							
Par	t 2: Give Details About Mor	nthly Income								-
	mate monthly income as of the duse unless you are separated.	ate you file this form. If	you have nothing to r	eport for	any	line, write \$	60 in the	space. In	clude your noi	n-filing
-	u or your non-filing spouse have mo e space, attach a separate sheet to		ombine the informatio	n for all e	mple	oyers for th	at perso	n on the li	ines below. If	you need
						For Debto	or 1		btor 2 or ing spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$		0.00	\$	N/A	
3.	Estimate and list monthly overt	ime pay.		3.	+\$		0.00	+\$	N/A	
4.	Calculate gross Income. Add lin	ne 2 + line 3.		4.	\$	0	.00_	\$	N/A	

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Deb	tor 1	Isabel Montoya	=	C	Case number (if ki	nown)				
					For Debtor 1		non-	Debtor -filing s	2 or spouse	
	Cop	by line 4 here	4.		\$	0.00	\$		N/A	<u>\</u>
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a	ì.	\$ (	0.00	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b		. —	0.00	\$		N/A	_
	5c.	Voluntary contributions for retirement plans	5c	<b>;</b> .	\$	0.00	\$		N/A	_
	5d.	Required repayments of retirement fund loans	5d	i.	\$	0.00	\$		N/A	_
	5e.	Insurance	5e			0.00	\$		N/A	_
	5f.	Domestic support obligations	5f.			0.00	\$		N/A	_
	5g. 5h.	Union dues Other deductions. Specify:	5g 5h	,		0.00	, \$ <u> </u>		N/A N/A	_
_		· · · · · · · · · · · · · · · · · · ·	_							_
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.			0.00	\$		N/A	_
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	0.00	\$		N/A	<u>\</u>
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a	1.	\$	0.00	\$		N/A	
	8b.	Interest and dividends	8b		·	0.00	\$		N/A	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c			0.00	\$		N/A	
	8d.	Unemployment compensation	8d		\$ 1,988		\$		N/A	_
	8e.	Social Security	8e	<b>)</b> .	\$	0.00	\$		N/A	<u>\</u>
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	8f.			0.00	\$		N/A	_
	8g.	Pension or retirement income	8g	,		0.00	\$		N/A	_
	8h.	Other monthly income. Specify:	_ 8h	1.+	\$	0.00	+ \$		N/A	<u>\</u>
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	1,988	3.00	\$		N/	A
10	Cal	culate monthly income. Add line 7 + line 9.	10.	\$	1,988.00	+ \$		N/A	= \$	1,988.00
10.		I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	Ψ_	1,900.00	·  •		IVA		1,300.00
11.	Star Incli othe Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not excify:	depe		•				e J. +\$	0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The rest that amount on the Summary of Schedules and Statistical Summary of Certailies						12.	\$	1,988.00
13.	Do	you expect an increase or decrease within the year after you file this form	?					,	Combi month	ned ly income
		No.								
		Voc Explain:								

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						_		
Fill in	this informa	tion to identify yo	our case:					
Debto	or 1	Isabel Monto	oya			Chec	ck if this is:	
							An amended filing	
Debto	or 2 use, if filing)						A supplement show 13 expenses as of	ving postpetition chapter
Орос	136, II IIII 19)						13 expenses as or	the following date.
United	d States Bankr	ruptcy Court for the	: NORTH	ERN DISTRICT OF ILLIN	IOIS	-	MM / DD / YYYY	
Case (If kno	number own)							
Off	icial Fo	rm 106J						
		J: Your	Exner	1888				12/1
Be as	s complete a	and accurate as	possible eded, atta	. If two married people a ch another sheet to this				or supplying correct
Part 1	1: Descr Is this a joir	ibe Your House	hold					
	_ `							
	■ No. Go to			-t- hh-140				
			ın a separ	ate household?				
				-1 F 400 LO F	- ( 0	- 1 1-1 - ( D - 1-	10	
	⊔ Y	es. Deptor 2 mus	st file Offici	al Form 106J-2, Expense	s for Separate House	enola of Deb	tor 2.	
2.	Do you have	e dependents?	□ No					
	Do not list D Debtor 2.	ebtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents				Son		17	■ Yes
					-			□ No
								☐ Yes
								□ No
					-			☐ Yes
								□ No □ Yes
3.	Do vour ext	oenses include	_					□ Yes
	expenses o	f people other to d your depende	han $_{oldsymbol{\sqcap}}$	No Yes				
	yoursen and	a your acpende						
Part 2		ate Your Ongoi		<del>, ,</del>				
expe				uptcy filing date unless y is filed. If this is a sup				
				government assistance				
	alue of suci cial Form 10		d have inc	cluded it on Schedule I:	Your Income		Your exp	enses
(•		,						
		or home owners and any rent for the		ses for your residence. or lot.	Include first mortgag	je 4. \$	i	0.00
	If not includ	led in line 4:						
	4a. Real e	estate taxes				4a. \$	•	0.00
		rty, homeowner's	s, or renter	's insurance		4b. \$		0.00
	•	•	•	ıpkeep expenses		4c. \$		0.00
		owner's associat				4d. \$		0.00
5.	Additional r	nortgage payme	ents for yo	our residence, such as ho	ome equity loans	5. \$	·	0.00

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Debtor 1 Is	sabel Montoya	Case num	ber (if known)	
. Utilities			_	
	: lectricity, heat, natural gas	6a.	\$	265.00
	/ater, sewer, garbage collection	6b.	·	202.00
	elephone, cell phone, Internet, satellite, and cable services	6c.	\$	140.00
	ther. Specify:	6d.	*	0.00
	nd housekeeping supplies	7.	\$	
	re and children's education costs	8.	\$ 	800.00
			·	0.00
	g, laundry, and dry cleaning	9.	\$	100.00
	al care products and services	10.	\$	100.00
	and dental expenses	11.	\$	200.00
-	ortation. Include gas, maintenance, bus or train fare.	12.	\$	225.00
	nclude car payments.  inment, clubs, recreation, newspapers, magazines, and books	13.	· -	
		14.		150.00
	ble contributions and religious donations	14.	Φ	0.00
5. <b>Insuran</b>	ce. nclude insurance deducted from your pay or included in lines 4 or 20.			
	fe insurance	15a.	\$	0.00
	ealth insurance	15a. 15b.	·	0.00
	editi insurance	15b. 15c.	·	120.00
			*	
	ther insurance. Specify:	15d.	Ψ	0.00
Specify:		16.	\$	0.00
	nent or lease payments: ar payments for Vehicle 1	17a.	\$	386.00
	ar payments for Vehicle 2	17b.	*	0.00
	ther. Specify:	17b.	·	0.00
	ther. Specify:	17d.	·	
	nmen. Specify.  Nyments of alimony, maintenance, and support that you did not report a		Ψ	0.00
deducte	ed from your pay on line 5, Schedule I, Your Income (Official Form 106I)			0.00
<ol><li>Other p</li></ol>	ayments you make to support others who do not live with you.		\$	0.00
Specify:		19.		
	eal property expenses not included in lines 4 or 5 of this form or on Sci			
	lortgages on other property	20a.	·	0.00
	eal estate taxes	20b.	·	0.00
	roperty, homeowner's, or renter's insurance	20c.	·	0.00
20d. M	aintenance, repair, and upkeep expenses	20d.	·	0.00
20e. H	omeowner's association or condominium dues	20e.	\$	0.00
1. Other: S	Specify:	21.	+\$	0.00
	te your monthly expenses			
	d lines 4 through 21.		\$	2,688.00
22b. Co	py line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
22c. Add	d line 22a and 22b. The result is your monthly expenses.		\$	2,688.00
	·		· -	,
	te your monthly net income.		•	4
	opy line 12 (your combined monthly income) from Schedule I.	23a.	· -	1,988.00
23b. C	opy your monthly expenses from line 22c above.	23b.	-\$	2,688.00
	ubtract your monthly expenses from your monthly income.	22.5	<b>e</b>	-700.00
TI	he result is your monthly net income.	23c.	\$	-700.00
	expect an increase or decrease in your expenses within the year after y			or dooroos been dead
	ple, do you expect to finish paying for your car loan within the year or do you expect yo ion to the terms of your mortgage?	ur mortgage p	payment to increase	or decrease because of a
■ No.				
☐ Yes.	Explain here:			

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Fill in this	information to identify your	••••			
riii iii uiis	information to identify your	case.			
Debtor 1	Isabel Montoya				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filir	ng) First Name	Middle Name	Last Name		
United Sta	tes Bankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case numl	her				
(if known)				☐ Che	eck if this is an
				ame	ended filing
Official	Form 106Dec				
Decla	ration About a	n Individual	Debtor's Sch	redules	12/15
<u> </u>	Tation / Nout C	- III III III II II II II II II II II II	<b>D D D D D D D D D D</b>	<u>loudioo</u>	12/13
f two marr	ied people are filing togethe	r, both are equally respo	nsible for supplying corre	ect information.	
	3	,			
				Making a false statement, conceal fines up to \$250,000, or imprison	
	oth. 18 U.S.C. §§ 152, 1341, 1		druptcy case can result in	lines up to \$250,000, or imprison	intent for up to 20
, ,	, , , , , , , , , , , , , , , , , , ,	,			
	Sign Below				
Did y	ou pay or agree to pay some	one who is NOT an attor	ney to help you fill out ba	nkruptcy forms?	
<b>I</b>	No				
п,	Yes. Name of person			Attach Bankruptcy Petition	Preparer's Notice.
_				Declaration, and Signature	
Under	penalty of perjury, I declare	that I have read the sum	mary and schodules filed	with this declaration and	
	ney are true and correct.	that I have read the Sum	mary and schedules med	with this declaration and	
	•				
	/ Isabel Montoya		X		
	abel Montoya		Signature of D	ebtor 2	
51	gnature of Debtor 1				
Da	ate July 11, 2018		Date		
	_ ,				

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Fill	in this inform	nation to identify you	r case:			
			r case.			
Der	otor 1	Isabel Montoya First Name	Middle Name	Last Name		
	otor 2	- I	NO. 10 A			
(Spo	use if, filing)	First Name	Middle Name	Last Name		
Unit	ted States Bar	nkruptcy Court for the:	NORTHERN DISTRICT (	OF ILLINOIS		
	se number				_	heck if this is an mended filing
Sta Be a	s complete a	of Financial		are filing together, both are	ankruptcy equally responsible for sup	
num	ber (if known	n). Answer every que	stion.	·	,	
		current marital state	arital Status and Where You	I Lived Before		
	_	our one maritar otate				
	■ Married □ Not mar	ried				
2.	During the la	ast 3 years, have you	lived anywhere other than	where you live now?		
	■ No □ Yes. List	t all of the places you l	ived in the last 3 years. Do no	ot include where you live now	<i>ı</i> .	
	Debtor 1 Pri	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
					ity property state or territory co, Texas, Washington and W	
	■ No □ Yes. Ma	ke sure you fill out <i>Scl</i>	hedule H: Your Codebtors (O	fficial Form 106H).		
Par	t 2 Explain	n the Sources of You	r Income			
4.	Fill in the tota	I amount of income yo	nployment or from operating u received from all jobs and a have income that you receive	all businesses, including part-		ndar years?
	□ No					
	Yes. Fill	in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and	Sources of income Check all that apply.	Gross income (before deductions
				exclusions)		and exclusions)
		of current year until d for bankruptcy:	■ Wages, commissions, bonuses, tips	\$25,445.00	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	

Official Form 107

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Case 18-19382 Desc Main Page 29 of 45 Document Case number (if known) Isabel Montoya Debtor 1 **Debtor 1** Debtor 2 Sources of income **Gross income** Sources of income Gross income Check all that apply. (before deductions and Check all that apply. (before deductions exclusions) and exclusions) For last calendar year: \$40,886.00 □ Wages, commissions, Wages, commissions, (January 1 to December 31, 2017) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business For the calendar year before that: \$37,550.00 ■ Wages, commissions, Wages, commissions, (January 1 to December 31, 2016) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. No Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income **Gross income from** Sources of income **Gross income** Describe below. each source Describe below. (before deductions (before deductions and and exclusions) exclusions) From January 1 of current year until Unemployment \$4,672.00 the date you filed for bankruptcy: Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more? □ No. Go to line 7. □ Yes List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

Debtor 1 or Debtor 2 or both have primarily consumer debts.

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

> List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

**Creditor's Name and Address Dates of payment** Amount you Was this payment for ... Total amount still owe paid

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Debtor 1 Isabel Montoya Document Page 30 of 45 Case number (if known)

7.	Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?  Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.  No  Yes. List all payments to an insider.								
	Yes. List all payments to an insider.  Insider's Name and Address	Dates of payment	Total amount	Amount you	Reason for	this payment			
		, ,	paid	still owe		. ,			
8.	Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cos  No		ments or transfer a	any property on a	ccount of a d	ebt that benefited an			
	☐ Yes. List all payments to an insider								
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for Include cred	this payment litor's name			
Pai	t 4: Identify Legal Actions, Repossession	ns, and Foreclosures							
9.	Within 1 year before you filed for bankrupt. List all such matters, including personal injury modifications, and contract disputes.  No Yes. Fill in the details.								
	Case title Case number	Nature of the case	Court or agency		Status of th	ie case			
10.	Within 1 year before you filed for bankrupt Check all that apply and fill in the details below  No. Go to line 11.  Yes. Fill in the information below.  Creditor Name and Address			oreclosed, garnis	shed, attached	d, seized, or levied?  Value of the property			
11.	Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?  No Yes, Fill in the details.								
	Creditor Name and Address	Describe the action the	Describe the action the creditor took			Amount			
12. Pai	taken  Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?  ■ No □ Yes								
		for all dec		-t 4 A					
13.	Within 2 years before you filed for bankrup  ■ No  □ Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600	Describe the gifts	s with a total value		o per person	? Value			
	per person	2000 IDO tile gilto		the g		Value			
	Person to Whom You Gave the Gift and Address:								

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Document Page 31 of 45 Case number (if known) Debtor 1 Isabel Montoya 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value more than \$600 contributed **Charity's Name** Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No п Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of Address transferred or transfer was payment Email or website address made Person Who Made the Payment, if Not You Law Office Of Joseph R. Ramos \$1015.00 - Attorney Fees June 11, 2018 \$1,430.00 340 N. Lake Street \$335.00 - Filing Fee Aurora, IL 60506 \$80.00 - Credit Counseling & Debtor joseph@jramoslaw.com **Education (Reimbursement)** 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. Nο П Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of transferred Address or transfer was payment made 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

Yes. Fill in the details.

Person Who Received Transfer Address

Person's relationship to you

Description and value of property transferred

Describe any property or payments received or debts paid in exchange

Date transfer was made

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Debtor 1 Isabel Montoya

19.	Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)  No								
	Yes. Fill in the details.								
	Name of trust	Description and v	alue of the pro	perty trans	sferred	Date Transfer was made			
Pai	t 8: List of Certain Financial Accounts, Instru	uments, Safe Deposit	Boxes, and St	orage Unit	s				
20.	Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or c	•				, , ,			
	houses, pension funds, cooperatives, associa  No				t, onarco in bariko, orca	it umono, proterage			
	Yes. Fill in the details.								
		ast 4 digits of ccount number	Type of acco instrument	unt or	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer			
21.	Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?								
	■ No □ Yes. Fill in the details.								
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)		Address (Number, Street, City,		the contents	Do you still have it?			
22.	Have you stored property in a storage unit or p	place other than your	home within 1	year befor	re you filed for bankrupt	tcy?			
	■ No								
	Yes. Fill in the details.								
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it?  Address (Number, Street, City, State and ZIP Code)		Describe	the contents	Do you still have it?			
Dai	t 9: Identify Property You Hold or Control for								
Га	identity Property Tou Hold of Control for	30illeone Lise							
23.	Do you hold or control any property that some for someone.	eone else owns? Inclu	ıde any proper	ty you bori	rowed from, are storing	for, or hold in trust			
	■ No □ Yes. Fill in the details.								
	Owner's Name Address (Number, Street, City, State and ZIP Code)		(Number, Street, City, State and ZIP		the property	Value			
Pai	t 10: Give Details About Environmental Inform	nation							
or	the purpose of Part 10, the following definitions	s apply:							
	Environmental law means any federal, state, o toxic substances, wastes, or material into the regulations controlling the cleanup of these su	air, land, soil, surface	water, ground						
	Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used								

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,

to own, operate, or utilize it, including disposal sites.

hazardous material, pollutant, contaminant, or similar term.

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Debtor 1 Isabel Montoya

24.	Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?  No									
	Yes. Fill in the details.									
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice						
25.	Have you notified any governmental unit of any	release of hazardous material?								
	■ No □ Yes. Fill in the details.									
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice						
26.	Have you been a party in any judicial or adminis	strative proceeding under any envir	onmental law? Include settlements a	nd orders.						
	■ No □ Yes. Fill in the details.									
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case						
Par	11: Give Details About Your Business or Con	nections to Any Business								
27.	Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?									
	☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time									
	☐ A member of a limited liability company	(LLC) or limited liability partnership	(LLP)							
	☐ A partner in a partnership									
	☐ An officer, director, or managing execut	ive of a corporation								
	☐ An owner of at least 5% of the voting or	equity securities of a corporation								
	■ No. None of the above applies. Go to Part	12.								
	Yes. Check all that apply above and fill in the	he details below for each business.								
	Business Name De Address	scribe the nature of the business	Employer Identification number Do not include Social Security n							
		me of accountant or bookkeeper	Dates business existed							
28.	Within 2 years before you filed for bankruptcy, of institutions, creditors, or other parties.	did you give a financial statement to	anyone about your business? Inclu	de all financial						
	■ No □ Yes. Fill in the details below.									
	Name Address (Number, Street, City, State and ZIP Code)									

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Part 12: Sign Below

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.

18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Isabel Montoya
Isabel Montoya
Isabel Montoya
Signature of Debtor 2

Date
Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

No

Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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Fill in this inform	nation to identify your	case:				
		ouse.				
Debtor 1	Isabel Montoya First Name	Middle Name		Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name		Last Name		
United States Ba	inkruptcy Court for the:	NORTHERN DIST	IRICI OF ILL	INOIS		
Case number _						☐ Check if this is an
(ii kilowii)						☐ Check if this is an amended filing
Official Fo		n for Indiv	riduals	Filing Under	Chapter	7 12/15
	ividual filing under cha e claims secured by yo	-	l out this forr	n if:		
■ you have leas You must file thi	sed personal property a s form with the court w ever is earlier, unless th	and the lease has no vithin 30 days after	you file your			r the meeting of creditors, editors and lessors you list
-	eople are filing togethe ad date the form.	r in a joint case, bot	th are equally	y responsible for supplyi	ng correct infor	mation. Both debtors must
	and accurate as possib our name and case nui		needed, atta	nch a separate sheet to th	nis form. On the	top of any additional pages,
Part 1: List Yo	our Creditors Who Hav	e Secured Claims				
1. For any credit	ors that vou listed in P	art 1 of Schedule D	: Creditors W	/ho Have Claims Secured	l by Property (Of	ficial Form 106D), fill in the
information be				ou intend to do with the p		Did you claim the property as exempt on Schedule C?
Creditor's N	lissan Motor Accepta	ance	Surrond	er the property.		■ No
name:				the property and redeem it		<b>—</b> NO
Description of	2014 Nissan Rogu	o 51000 miles		ne property and enter into	a	☐ Yes
property	Average condition			mation Agreement.  ne property and [explain]:		
securing debt:						
Part 2: List Yo	our Unexpired Persona	I Property I eases				
For any unexpire in the informatio	ed personal property le n below. Do not list rea	ase that you listed all estate leases. Und	expired lease		l in effect; the le	eases (Official Form 106G), fill ase period has not yet ended.
Describe your u	nexpired personal pro	perty leases			Wi	II the lease be assumed?
-						
Lessor's name: Description of lea	ased				Ц	No
Property:						Yes
Lessor's name:					П	No
Description of lea	ased					
Property:						Yes
Lessor's name:						No

Statement of Intention for Individuals Filing Under Chapter 7

Official Form 108

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Debtor 1	Isabel Montoya	Case number (if known)	
Description Property:	on of leased		☐ Yes
r roperty.			⊔ Yes
Lessor's	name: on of leased		□ No
Property:			☐ Yes
Lessor's			□ No
Description of leased Property:			☐ Yes
Lessor's name: Description of leased Property:			□ No
			☐ Yes
Lessor's			□ No
Property:	on of leased		☐ Yes
Part 3:	Sign Below		
	nalty of perjury, I declare that I have indicated my intentio that is subject to an unexpired lease.	on about any property of my estate that see	cures a debt and any personal
χ /s/ I	sabel Montoya	X	
	bel Montoya nature of Debtor 1	Signature of Debtor 2	
Date	July 11, 2018	Date	

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation	
\$245	filing fee	
\$75	administrative fee	
+ \$15	trustee surcharge	
\$335	total fee	

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

- \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 18-19382 Doc 1 Filed 07/11/18 Entered 07/11/18 10:21:17 Desc Main Document Page 41 of 45

B2030 (Form 2030) (12/15)

### United States Bankruptcy Court Northern District of Illinois

In	re Isabel Montoya		Case No.				
	•	Debtor(s)	Chapter	7			
	DISCLOSURE OF COMPI	ENSATION OF ATTORN	NEY FOR DE	CBTOR(S)			
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 201 compensation paid to me within one year before the fit be rendered on behalf of the debtor(s) in contemplation	ling of the petition in bankruptcy, or	agreed to be paid	to me, for services re			
	For legal services, I have agreed to accept		\$	1,015.00			
	Prior to the filing of this statement I have received	d	\$	1,015.00			
			\$	0.00			
2.	The source of the compensation paid to me was:						
	■ Debtor □ Other (specify):						
3.	The source of compensation to be paid to me is:						
	■ Debtor □ Other (specify):						
4.	■ I have not agreed to share the above-disclosed com	npensation with any other person un	less they are mem	bers and associates of	my law firm.		
	☐ I have agreed to share the above-disclosed comper copy of the agreement, together with a list of the n				aw firm. A		
5.	In return for the above-disclosed fee, I have agreed to	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:					
	<ul> <li>a. Analysis of the debtor's financial situation, and ren</li> <li>b. Preparation and filing of any petition, schedules, st</li> <li>c. Representation of the debtor at the meeting of cred</li> <li>d. [Other provisions as needed]</li> <li>Negotiations with secured creditors to reaffirmation agreements and applicate 522(f)(2)(A) for avoidance of liens on he</li> </ul>	atement of affairs and plan which m itors and confirmation hearing, and a preduce to market value; exem- tions as needed; preparation an	ay be required; any adjourned hea  ption planning;	rings thereof;	iling of		
5.	By agreement with the debtor(s), the above-disclosed any other adversary proceeding.	fee does not include the following se lischargeability actions, judicia	ervice: al lien avoidance	es, relief from stay	actions or		
		CERTIFICATION					
this	I certify that the foregoing is a complete statement of a bankruptcy proceeding.	any agreement or arrangement for pa	yment to me for re	epresentation of the d	ebtor(s) in		
	July 11, 2018	/s/ Joseph R. Ramo	s				
_	Date	Joseph R. Ramos 6 Signature of Attorney	208195 - Illinois	•			
		Law Office Of Jose	oh R. Ramos				
		340 N. Lake Street Aurora, IL 60506					
		(630) 896-7261 Fax		3			
		joseph@jramoslaw					
		Name of law firm					

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### ATTORNEY'S FEE CONTRACT Chapter 7 Bankruptcy

THIS AGREEME	NT is	made this <u>/Z</u>	<u>74</u> day	of JUN	E_20	18, by and	betw	/een
ISABE	L	MONTOYA						
hereinafter referred to ATTORNEY.	as the	CLIENT, and	Joseph	R. Ramos,	hereinafte	r referred	to as	s the

- 1. The CLIENT has retained and does hereby retain and employ the ATTORNEY to act for and on behalf of CLIENT in connection with the representation of CLIENT in a Chapter 7 Bankruptcy petition to be filed on CLIENT's behalf.
- 2. In consideration of the services rendered and to be rendered by the ATTORNEY, the CLIENT agrees to pay to the ATTORNEY a reasonable ATTORNEY's fee and expenses calculated as follows:

(a)	ATTORNEY's fee:	\$1015.00
(b)	Filing Fee:	\$ 335.00
(c)	Required Counseling Sessions:	\$ 80.00
	Total Fees and Costs:	\$1430.00

- 3. CLIENT understands that his/her case shall not be filed and CLIENT shall not be protected by the Bankruptcy Code's automatic stay provisions until CLIENT has paid to ATTORNEY the entire sum of fees and costs mentioned above.
- 4. CLIENT agrees to pay a security retainer in the amount of \$ /430-00 to apply to ATTORNEY's fees, costs and expenses in connection with the above matter.
- 5. The fee is for payment and preparation of a Chapter 7 Bankruptcy Petition, including all of the required schedules and forms and representation at the CLIENT's Meeting of Creditors ("341 Meeting"), maintenance of the file and negotiation of reaffirmation agreements.

### 6. Fees Not Covered By This Agreement:

(a) Costs and Fees For Amending Schedules - CLIENT understands that it is the CLIENT's responsibility to include all debts on the schedules. The CLIENT further understands that any debts not included in said schedules may not be discharged in CLIENT bankruptcy. If CLIENT fails to provide ATTORNEY with all the information necessary to prepare the petition and schedules which later necessitates amendment to the schedules, CLIENT agrees to pay an additional fee of \$50.00 to cover fees and costs of any

amendment due to an error or omission on CLIENT's part. A separate fee will be charged for each additional amendment.

- (b) Adversary Proceedings In the event an Adversary Proceeding is filed against CLIENT, a retainer fee of \$1500.00 shall be required in order for ATTORNEY to represent CLIENT in any Adversary Proceedings. Representation in any Adversary Proceeding shall be billed on an hourly basis at the rate of \$175.00 per hour plus costs, and will require a separate agreement to be signed.
- 7. ATTORNEY agrees to accept employment by CLIENT in connection with the above matter on the basis above described and agrees to use his best efforts and perform all ethical services and acts which, in the judgement of ATTORNEY, are necessary and proper to enforce and protect the rights of CLIENT in connection with the above matter. ATTORNEY, however, cannot make and does not make any guarantee as to the result which will be obtained therein.
- 8. This contract is to be interpreted under the laws of the State of Illinois. If any provision of this contract is declared invalid, the remaining provisions of the contract shall not be affected thereby.

IN WITNESS WHEREOF the parties hereto have caused the above and foregoing ATTORNEY's Fee Contract to be executed the day and year first above written.

BY: Scote MONYOYOL
CLIENT

Chient

Joseph R. Ramos

## **United States Bankruptcy Court**Northern District of Illinois

In re	Isabel Montoya		Case No.	
		Debtor(s)	Chapter <b>7</b>	
	VE	CRIFICATION OF CREDITOR M	ATRIX	
		Number of	Creditors:	8
	The above-named Debtor(s) (our) knowledge.	) hereby verifies that the list of credit	fors is true and correct to	the best of my
Date:	July 11, 2018	/s/ Isabel Montoya Isabel Montoya Signature of Debtor		

Fifth Third Bank 5050 Kingsley Dr Cincinnati, OH 45263

Fifth Third Bank 5050 Kingsley Dr Cincinnati, OH 45263

Fox Valley Orthopaedic Associates Patient Bill Processing Center P.O. Box 14445 Des Moines, IA 50306-3445

Fox Valley Orthopedics P.O. Box 1870 Cary, NC 27512-1870

Nationwide Credit & Collection 815 Commerce Dr. - Ste 270 Oak Brook, IL 60523-8852

Nissan Motor Acceptance P.O. Box 660366 Dallas, TX 75266

Northwestern Medicine P.O. Box 4090 Carol Stream, IL 60197-4090

The Home Depot P.O. Box 6497 Sioux Falls, SD 57117